



PART B - FEE(S) TRANSMITTAL

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03/23/2005

THE SCRIPPS RESEARCH INSTITUTE
10550 NORTH TORREY PINES ROAD
MAIL DROP TPC 8

06/20/2005 CASSAVA VEIN MOSAIC VIRUS PROMOTER NUCLEIC ACID SEQUENCES AND EXPRESSION VECTORS

01 FC:1501 1400.00 OP
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Ariel Fletcher	(Depositor's name)
<i>Ariel Fletcher</i>	(Signature)
June 14, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/202,838	01/21/2000	BERTRAND VERDAGUER	TSR1504.1	3464

TITLE OF INVENTION: CASSAVA VEIN MOSAIC VIRUS PROMOTER NUCLEIC ACID SEQUENCES AND EXPRESSION VECTORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/23/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ZHOU, SHUBO	1631	800-278000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Thomas Fitting2 Michael J. McCarthy

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Scripps Research Institute

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

La Jolla, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19 0962 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Thomas Fitting*Date June 14, 2005Typed or printed name Thomas FittingRegistration No. 34,163

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